

Application Form for BX Swiss Reporting Participants

ApplicantLEI: Name: Registered Address: Billing Address: (Phone / Fax / Website): **Main contacts**

(full name, job title, phone, e-mail)

Notices Billing/Payment Trading Compliance **Secondary contacts**

(full name, job title, phone, e-mail)

Notices Billing/Payment Trading Compliance

We hereby apply to become a reporting participant of BX Swiss in accordance with BX Swiss rules and regulations and declare that we have read, understood, shall recognise and comply to BX Swiss rules and regulations including BX Swiss messages as valid at any given time.

Place and date

Name(s), function(s) and valid signature(s) of applicant

Please return the completed and duly executed reporting participant application form by both

1. Ordinary mail BX Swiss AG, Talacker 50, CH 8001 Zürich, Switzerland
2. E-Mail meldestelle@bxswiss.com

Note on data protection: Further information can be found in the data protection declaration at <https://www.bxswiss.com/privacy-statement>